

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90317 013 ***150.00

DOCUMENT # G35929

1. Entity Name

GATE GROUP USA, INC.

Principal Place of Business

% GRAPHIC ARTS TECHNOLOGY
 75 VARICK STR
 NEW YORK NY 10013-1917
 US

Mailing Address

137 VENICH ST
 RM #400
 NEW YORK NY 10013-1917
 US

2. Principal Place of Business

137 VARICK Street
 Suite, Apt. #, etc.
N7 N7 10013-1105
 City & State

3. Mailing Address

137 VARICK Street
 Suite, Apt. #, etc.
N7 N7 10013-1105
 City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2297059**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

WOLFSON, WILLIAM
295 CANTERBURY DR W.
PALM BCH GARDENS FL 33418

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
 NAME **SAVITT, ISAAC**
 STREET ADDRESS **137 VARICH STREET RM #400**
 CITY-ST-ZIP **NEW YORK NY 10013-1917 1105**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP **New York NY 10013-1105**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

William B Savitt, Vice President **1/30/2001** **(212) 989-9797**
William B Savitt, Vice President

CR2E034 (10/00)